

CITY OF SEAL BEACH

DEPARTMENT OF PUBLIC WORKS

Document Last Updated: February 11, 2015

Expand the Forest Application

Application Date (Mo-Day-Yr – XX-XX-XX)

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Purpose of Application: To assist residents in the donation of a memorial tree.

Considerations: The following items are the minimum requirements for each and every Expand the Forest application.

Applicants name:

First and Last Name _____

Address _____

City, State, Zip _____

Signature _____ Date _____

Location of Tree Requested:

Indicate preferred location choice with a "P"
and alternate locations choice with an "A":

___ Bluebell Park

___ Heather Park

___ Aster Park

___ Electric & 10th Street

___ Almond Park

___ Arbor Park

___ Electric & 13th Street

___ Zoeter Green

___ Electric & 15th Street

___ Marina Community Center

• Daytime Telephone Number

Area Code, Telephone Number, and Extension

• Daytime Facsimile Number (Optional)

Area Code, Telephone Number

Primary Contact. Contact person should be one that is easy for employees of the City to contact regarding the proposed tree location.

Full name

Direct telephone number

Direct facsimile number

E-mail address

Commemorative:

Location Information: Provide information regarding the location.

☐ Attach a map with the preferred and alternative locations highlighted (tree location maps are available online)

Cost of tree & Installation

Type of Payment:

☐ Cash

☐ Check

Account #:

Donations

001.000.30962

Approval Process Applicant shall provide a complete submittal. Submittals will be reviewed by Public Works.

Application Received by:

Date:

Application Checked by:

Date:

Proposed Locations Checked by:

Date:

Denied:

This application has been denied for the following reasons.

☐ Failure to submit a complete application

By _____ on _____

Application

☐ Approved _____ tree species to be planted

☐ Denied